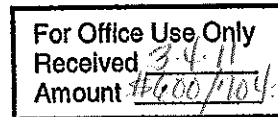


emailed validation letter
3/3/11



ck #5051

I. IDENTIFICATION

Name RBRC, Inc dba River's Bend Retirement Community
Address 300 Beech St.
City/County/Zip Kuttawa, Ky 42055
Telephone number (270) 388-2868 email dtedder@riversbendrc.org
Administrator Dawn Tedder
Date facility operation began at current address 3/6/1998
Date facility began operation under current owner 3/6/1998

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u>40</u>	<u>40</u>
Nursing Home		
Nursing Facility	<u>40</u>	<u>40</u>
Intermediate Care		
ICF/MR		
Personal Care	<u>26 dt</u>	<u>26 dt</u>

II. CONTROL (check one in each column)

State
County
City
Private

Profit
Nonprofit

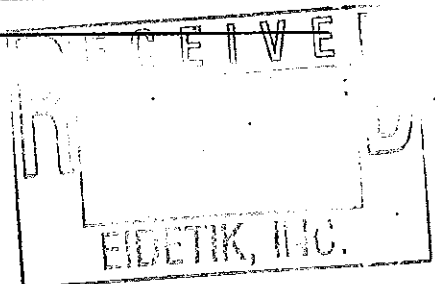
Individual
Partnership
Corporation

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

RBRC Inc.
15 Piedmont Center, Suite 930
Atlanta, GA 30305

(OVER)



If facility owned or leased by a corporation, complete the following:

Name of corporation RBRC, Inc.
Address of corporation 15 Piedmont Center, Suite 930 Atlanta, GA 30305
President or Chairman Gregory K. Grove
Vice President C. Willis Bass
Secretary _____
Treasurer Art Delozier

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent

Management Company

Eidetik, Inc.
P.O. Box 128
Uniontown, Ky 42461

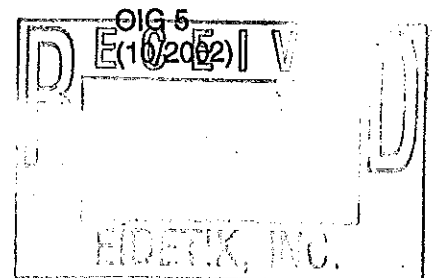
I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Younis J. Jedd
Signature of authorized representative

Administrator 2/21/11
Title Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621



If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

RBRC, Inc.

15 Piedmont Center, Suite 930 Atlanta, GA 30305

Officers:

President: Gregory K. Grove 15 Piedmont Center, Suite 930 Atlanta, GA 30305

Vice President: C. Willis Bass 15 Piedmont Center, Suite 930 Atlanta, GA 30305

Secretary/Treasurer: Arthur Delozier 15 Piedmont Center, Suite 930 Atlanta, GA 30305

